

Appendix E4

LEP Tracking Form B: Waiver of Right to Free Interpreter/Translator Services

All Limited English Proficiency clients must be informed of their right to free language assistance including interpreter services and translated documents. This form can be kept in the client's records for future reference. County staff should never encourage, suggest, or require a Limited English Proficiency client to use friends or family as interpreters. At no time will anyone 18 years of age or younger be utilized to provide interpreter services, except in an emergency.

Use **THIS FORM** if the client does not need language assistance because they have brought their own interpreter or feel they do not need one. If they would like to use the provided language assistance services, use **Form A – Use of Free Interpreter/Translator Services**

I, _____ (Client's Name) have been informed of my right to receive free interpretive services from _____ (Department Name). I understand that I am entitled to these services at no cost to myself or other family members.

I am choosing to provide my own interpreter at this time. _____ (Name of Person Acting as Interpreter) will act as my interpreter from ____ / ____ / ____ (Start Date) to ____ / ____ / ____ (End Date). I understand I can withdraw this waiver at any time and request the services of an interpreter, which will be paid for by Tompkins County. To the best of my knowledge, the person I am using to act as my own interpreter is not 18 years of age or younger.

I also understand that this waiver pertains to interpreter services only and does not entitle my interpreter to act as my Authorized Representative.

This form was translated to me orally by the interpreter indicated below:

Signature	Date
Name of Interpreter (print)	
Signature of Interpreter	Date
Signature of Staff Person	Date